

TITLE

STEMI

DISTRIBUTION

All Prehospital Operations Personnel.

PURPOSE

To outline the treatment guidelines to be followed for patients presenting with ST-elevation MI.

PROTOCOL

1. ABC's (follow Airway/Oxygenation Protocol); obtain vital signs & history; apply EKG monitor.
2. Unless contraindicated, administer 4 chewable baby aspirin (81 mg each).
3. Obtain a 12-Lead EKG and transmit to the emergency department as soon as possible.
4. Contact closest appropriate facility offering primary PCI (determine if patient should be transported by ground or air).
5. If the patient does not have an immediate life threat, begin transport urgently to a facility offering primary PCI if available (within 10 minutes when possible).

NOTE: An *appropriate facility offering primary PCI* as defined by TCD regulation.

Level ? if < ? minutes

Level ? if > ? minutes but < ? minutes

6. Obtain medication and allergy information.
7. Establish IV (follow IV Protocol).
8. If BP > 90 mmHg and patient is presenting with cardiac type chest pain, administer *Nitro* sublingually (1 metered dose spray, or tab 0.4 mg). Repeat this dose every 3 minutes for up to 3 doses if pain persists and the BP remains stable. If unable to establish IV, contact Medical Control before the Nitro-Spray is administered.
9. If BP < 90 mmHg and patient is not in acute pulmonary edema administer a 300 mL fluid challenge.
10. Unless contraindicated, MORPHINE SULFATE (*Morphine*) may be administered in increments of 2 mg slow IVP, up to a total of 6 mg, titrated to relief of pain. (NOTE: MORPHINE SULFATE (*Morphine*) may only be administered after administration of 3 doses of NTG, unless otherwise directed by Medical Control)
11. Contact Medical Control for further orders as soon as possible. Examples of possible orders listed below.
12. Unless contraindicated (e.g. HR < 60, BP < 100, CHF), administer METOPROLOL (Lopressor) 5 mg over 2 minutes IVP.

13. Wait 5 minutes, then METOPROLOL (Lopressor) 5 mg over 2 minutes IVP.
14. Wait 5 minutes, then METOPROLOL (Lopressor) 5 mg over 2 minutes IVP.
15. Continue to attempt contact with Medical Control.
16. Administer MORPHINE SULFATE (*Morphine*) 2-10 mg slow IVP, titrated to relief of pain.
17. Patient handoff at the hospital should include: patient assessment and condition upon arrival, including time of onset; care provided; and changes in condition following treatment.